



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Breslin

Serial No.: **10/042,857**

Filed: **January 11, 2002**

**FOR: PADDING DEVICE FROM AN ABOVE-
GROUND POOL AND ITS ASSOCIATED
METHOD OF INSTALLATION**

Examiner: **J. E. Chapman**

Group Art Unit: **3635**

Date: **August 22, 2003**

#3/A
D. Nash
9/5/03

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8-21-03

Mail Stop Non-Fee Amendment
Commissioner of Patents and Trademarks

AMENDMENT

Sir:

Pursuant to the Official Action dated May 22, 2003 and received in regard to the above-identified application, please enter the following amendments and remarks.

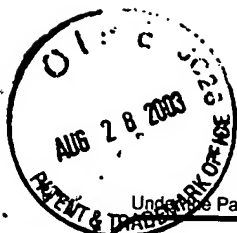
IN THE CLAIMS

Delete Claims 2, 10 and 12.

Please amend the claims as follows:

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/042,857
	Filing Date	01/11/2002
	First Named Inventor	Breslin
	Group Art Unit	3635
	Examiner Name	J. E. Chapman
Total Number of Pages in This Submission		Attorney Docket Number Breslin-1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; right: 0; text-align: right;"> <p>RECEIVED SEP 03 2003 GROUP 3600</p> </div> </div>		
Remarks		

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Firm or Individual name	LaMorte & Associates
Signature	
Date	08/22/2003

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